
DO NOT RESUSCITATE POLICY

PURPOSE

To establish criteria for withholding resuscitative measures from person(s) who do not otherwise meet the "Determination of Death" criteria in the pre-hospital setting and/or during inter-facility transport.

AUTHORITY

Division 2.5, Sections 1797.220 and 1798 of the California Health and Safety Code.

POLICY

The DNR only applies to cardiopulmonary resuscitative measures. An order not to resuscitate is not an order to withhold other necessary medical treatment or nutrition. The treatment given to a patient with a DNR agreement should in all respects be the same as that provided to a patient without such an agreement.

DEFINITIONS

Do Not Resuscitate (DNR): An order by a physician where an agreement has been reached between the physician and patient/or surrogate that in the event of cardiac or respiratory arrest none of the following medical interventions will be initiated:

- Chest compressions,
- Defibrillation,
- Endotracheal intubation,
- Assisted ventilation or
- Cardiotonic drugs, e.g., epinephrine, atropine,
- Or other medications intended to treat a non-perfusing rhythm

Absent vital signs: Absence of respiration and absence of carotid pulse.

DNR medallion/bracelet/necklace: A medallion/bracelet/necklace worn by a patient, which has been approved for distribution by the California Emergency Medical Services Authority (EMSA).

Pre-hospital DNR form: Form developed for use statewide for pre-hospital DNR requests which has been approved by EMSA, the California Medical Association (CMA) and the Local EMS Agency.

Pre-hospital Personnel: Any EMS field responder currently certified and/or accredited in San Bernardino, Inyo or Mono Counties.

VALIDATION CRITERIA

1. **Statewide Pre-hospital DNR Form** (Appendix A) should include the following to be considered valid.
 - a. Patient's name.
 - b. Signature of the patient or a legal representative if the patient is unable to make or communicate informed health care decisions.
 - c. Signatures of patients' physician, affirming that the patient/legal representative has given informed consent to the DNR instruction.
 - d. All signatures are to be dated.

This form should be available to pre-hospital personnel in the form of the white original DNR form or as a photocopy. The original or copy of the DNR form will be taken with the patient during transport. A copy of this form shall be attached to the original patient care record. If pre-hospital personnel are unable to copy the DNR form the following shall be documented on the patient care record:

1. Presence of DNR form
2. Date of order
3. Name of physician who signed form

Correct identification of the patient is crucial. If the patient is unable to be identified after a good faith attempt to identify the patient, a reliable witness may be used to identify the patient.

NOTE: The DNR form shall not be accepted if amended or altered in any way.

1. **DNR medallion/bracelet/necklace** (Appendix B): the DNR medallion/bracelet/necklace is made of metal and has a permanently imprinted medical insignia. For the medallion or bracelet/necklace to be valid the following applies:
 - a. Patient must be physically wearing the DNR medallion/bracelet/necklace
 - b. Medallion/bracelet/necklace must be engraved with the words "Do Not Resuscitate EMS", along with a toll free emergency information telephone number and a patient identification number.
2. **Physician DNR orders:** In licensed health care facilities a DNR order written by a physician shall be honored. The staff must have the patient's chart with the DNR order immediately available for EMS personnel upon their arrival.

PROCEDURE

1. Pre-hospital personnel shall validate the DNR request. Base Hospital contact is not required to withhold or discontinue CPR once a DNR has been validated.
2. BLS personnel shall continue resuscitative measures if a DNR cannot be validated.
3. ALS personnel shall contact a Base Hospital for direction if a DNR cannot be validated. If contact cannot be made, resuscitative efforts shall continue.
4. If a patient states he/she wishes resuscitative measures, the request shall be honored.
5. If a family member requests resuscitative measures despite a valid DNR, continue resuscitative measures until Base Hospital contact is made.
6. If a patient expires at home notify law enforcement
7. If a patient expires in a licensed health care facility, the facility has the responsibility to make the appropriate notification.
8. All circumstances surrounding the incident shall be documented on the patient care record.
9. A DNR report form must be filed with the Base Hospital within 24 hours of the incident. The Base Hospital PLN shall review this report and forward a copy to the ICEMA QI Coordinator within 72 hours of the incident with any irregularities in policy noted.

SUPPORTIVE MEASURES

1. Medical interventions that may provide for the comfort, safety and dignity of the patient should be utilized.
2. The patient should receive palliative treatment for pain, dyspnea, major hemorrhage, or other medical conditions.
3. Allow any family members/significant others to express their concerns and begin their grieving process.